

1579

PLACE OF BIRTH
County of Gila
District of Arizona
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 125
Co. Register No. 66
Local Registrar's No. _____

FULL NAME OF CHILD Cicel Earnest Walker { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Male { Twin, Triplet or other } and { Number in order of birth } 1st Legiti- mate? yes Date of Birth Jan 18 - 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Earnest Walker</u>	Full Maiden Name	<u>Elva Blaine</u>
Residence	<u>Miami - Arizona</u>	Residence	<u>Miami - Arizona</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>19</u> (Years)	Age at last Birthday	<u>17</u> (Years)
Birthplace	<u>Linden, Texas</u>	Birthplace	<u>Safford, Arizona</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 18, 1917, at 7 P.M.

{ *When there is no attending physi- cian or midwife, then the householder should make this return. }

(Signature) Cyril M. Crow M.D. (Attending physician, midwife, householder,*)

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Arizona

Filed Feb 13 1917

Filed Mar 6 1917 A True Copy

369-118-525 COUNTY REGISTRAR.

John H. Doer LOCAL REGISTRAR.

B. S. Fox COUNTY REGISTRAR.